



Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

School District Claim for
State Reimbursement for
School Bus Transportation

State ☐
District ☐
County ☐

DUE DATES:	First Semester	Second Semester
	February 1 to County Superintendent February 15 to State Superintendent	May 10 to County Superintendent May 24 to State Superintendent

COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION:

This claim is for the period beginning _____, 20____ and ending _____, 20____.
month day month day

CERTIFICATION:

The information on this form is complete and accurate to the best of my knowledge.

Date		Signature, Chair, Board of Trustees						
County:		District:					District Level:	
13 Fallon		0244 Baker K-12 Schools					High School	
Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
100	12	1	120	0.95	47	08/09/05	_____	_____
100	12	2	158.2	1.57	71	None	_____	_____
100	12	3	140	0.95	24	08/09/05	_____	_____



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Date		Signature, Chair, Board of Trustees						
County:		District:					District Level:	
13 Fallon		0256 Plevna K-12 Schools					High School	
Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
100	55	1 South	138	1.36	66	07/25/05	_____	_____
100	55	2 North	127.5	1.57	71	07/25/05	_____	_____
100	55	3 West	121	1.36	66	07/25/05	_____	_____